



## Implanning® Rx

**IMPLANT SUPPORT  
SPECIALIST**

\*Standard PFM/FGC design if nothing is marked.  
(Additional fees will apply if other than standard.)

### 1. Type of Guide

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Radiographic Guide</b><br><input type="checkbox"/> Hard Acrylic<br><input type="checkbox"/> a. Barium Sulfate Teeth<br><input type="checkbox"/> b. Gutta Purcha | <input type="checkbox"/> <b>Surgical Guide</b><br><input type="checkbox"/> Buccal Facing<br><input type="checkbox"/> Guide Hole<br><input type="checkbox"/> Metal Guide Sleeves |
| <input type="checkbox"/> <b>Vacuum</b><br><input type="checkbox"/> c. Guide Hole<br><input type="checkbox"/> d. 4 mm Ball Markers   | <input type="checkbox"/> <b>Guided Surgical Guide</b><br><input type="checkbox"/> Nobel Biocare<br><input type="checkbox"/> Straumann<br><input type="checkbox"/> Other _____   |

### 2. Type of Restoration/Appliance

- |  |   |
|--|---|
| <input type="checkbox"/> a. Cement Retained* (No hole)     | <input type="checkbox"/> Single Units*  |
| <input type="checkbox"/> b. Screwmentable (w/ access hole) | <input type="checkbox"/> Splinted Units |
| <input type="checkbox"/> c. Screwmentable (w/ cem. & hole) | <input type="checkbox"/> Opaque Abut.   |
| <input type="checkbox"/> d. Screw Retained (1-piece, UCLA) |   |
| <input type="checkbox"/> e. Bar Overdenture                |   |
| <input type="checkbox"/> f. Hybrid Denture                 |   |
- PROVIDE X-RAY OF  
IMPRESSION COPING TO  
VERIFY COMPLETE SEATING

### 3. Abutment Type

- |  |   |
|--|---|
| <input type="checkbox"/> a. CAD/CAM Ti*        | <input type="checkbox"/> a. Nobel Biocare             |
| <input type="checkbox"/> b. CAD/CAM Ti/Gold    | <input type="checkbox"/> b. Dentsply Impts - Atlantis |
| <input type="checkbox"/> c. CAD/CAM Zirconia   | <input type="checkbox"/> c. Straumann                 |
| <input type="checkbox"/> d. TiBase             | <input type="checkbox"/> d. Biomet 3i                 |
| <input type="checkbox"/> e. Custom Casted      | <input type="checkbox"/> e. Zimmer                    |
| <input type="checkbox"/> f. Custom Prep        | <input type="checkbox"/> f. TruAbutment (3rd Party)   |
| <input type="checkbox"/> Anodized-Gold or Pink | <input type="checkbox"/> g. Other _____               |

### 4. Abutment Manufacturer

### 5. Type of Restoration

- |   |   |
|---|---|
| <input type="checkbox"/> a. PFM*                      | <input type="checkbox"/> d. AllZir-Ultra/ML-Full Zir. |
| <input type="checkbox"/> b. Lava-Zirconia             | <input type="checkbox"/> e. BruxAll-Full Zir.         |
| <input type="checkbox"/> c. ZirCeram-Layered Zirconia | <input type="checkbox"/> f. Temporary - Acrylic       |

### 6. Type of Metal

- |  |   |
|--|---|
| <b>Crown</b>   | <b>Casted Abutment</b>                          |
| <input type="checkbox"/> a. PFM Precious*-White            | <input type="checkbox"/> f. Precious*-Yellow    |
| <input type="checkbox"/> b. PFM Semi-Precious-White        | <input type="checkbox"/> g. Semi-Precious-White |
| <input type="checkbox"/> c. PFM Yellow Ceramic-Med. Yellow |   |
| <input type="checkbox"/> d. FGC Precious-High Yellow       |   |
| <input type="checkbox"/> e. FGC Precious-Yellow            |   |

### 7. Crown Design

- |   |   |
|---|---|
| <input type="checkbox"/> a. Lingual Collar* ____mm              | <input type="checkbox"/> e. Metal/Zi Occlusal (3/4 Occ)     |
| <input type="checkbox"/> b. Full Porcelain Coverage             | <input type="checkbox"/> f. Metal/Zi Occlusal (Full Occ)    |
| <input type="checkbox"/> c. Facial Layering                     | <input type="checkbox"/> g. Metal/Zi Island                 |
| <input type="checkbox"/> d. 360 Degree -<br>Metal Margin ____mm | <input type="checkbox"/> h. Metal Lingual/Zi-Anterior Tooth |

### 8. Occlusal Contact

- |  |   |
|--|---|
| <input type="checkbox"/> a. Out (0.5mm sub)        | <input type="checkbox"/> a. Light               |
| <input type="checkbox"/> b. Light* (0.3mm sub)     | <input type="checkbox"/> b. Medium*             |
| <input type="checkbox"/> c. Contact (Touching Opp) | <input type="checkbox"/> c. Heavy (Scrape Cast) |

**Terms and Conditions:** GKY Dental Arts, Inc. requires each case be accompanied by a signed lab slip which is to be considered a binding work order agreement and acceptance of our Terms and Conditions. Invoices are billed by statement with payment due by the end of the subsequent month from statement date. 2% Service Charge will be billed on all past due balances.

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## GKY Dental Arts, Inc.

(Formerly G&H Dental Arts)

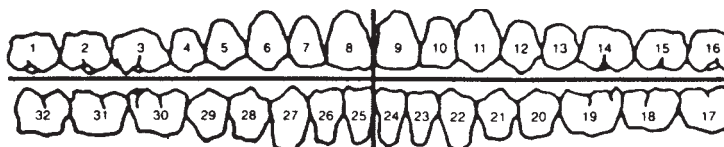
4212 Artesia Blvd. (800) 548-3384  
Torrance, CA 90504 (310) 214-8007  
www.gkydentalarts.com (310) 214-9137 Fax

Account # \_\_\_\_\_  
Doctor's Name \_\_\_\_\_  
Group Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Email Address \_\_\_\_\_  
Patient Last Name \_\_\_\_\_  
Patient First Name \_\_\_\_\_  
Shipping Date \_\_\_\_\_ ☐ Male ☐ Female

**DATE DUE-Deliver case by 5PM on \_\_\_\_\_**  
(Please do not schedule patients on lab due date)

- ☐ **Finish**  
☐ **Bisque Try-In**  
☐ **Metal Try-In (Required on all Bridges & Splints)**

☐ **Advanced Cosmetic Team**  
(See Fee Schedule)



- ☐ **Singles** \_\_\_\_\_  
☐ **Bridge** \_\_\_\_\_ (Pontic # \_\_\_\_\_)

### Take \$50 Off Your Hybrid Case!

Available to new doctors only. Limit one per doctor.  
Cannot be combined with other offers. No cash value.

Person signing this authorization accepts sole responsibility for payment, and agrees to pay all legal costs in the event of suit, including attorney fees.

Dentist Signature \_\_\_\_\_ License # \_\_\_\_\_

**Items Enclosed** ☐ Implant ☐ Model ☐ Bite ☐ Opposing  
☐ Shade ☐ Pre-op Model ☐ Photo ☐ Model of Temps

White - Lab Copy Yellow - Doctor's Copy

### 10. Tissue Displacement

- ☐ a. Minimal ☐ b. Moderate\* ☐ c. Anatomical

### 11. Margin Placement

- |  |   |
|--|---|
| <b>Buccal</b>  | <b>Lingual</b>  |
| <input type="checkbox"/> a. Sub-gingival* ( ____mm)  | <input type="checkbox"/> a. Sub-gingival ( ____mm)    |
| <input type="checkbox"/> b. Supra-gingival ( ____mm) | <input type="checkbox"/> b. Supra-gingival* ( ____mm) |

### 12. Gingival Embrasures

- ☐ a. Natural\* ☐ b. Open ☐ c. Closed

### 13. Shade

#### Desired Shade \_\_\_\_\_

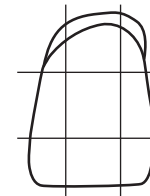
PLEASE PROVIDE STUDY MODEL ON ALL  
CASES INVOLVING ANTERIOR TEETH

#### Type of Shade Guide

- ☐ Vita 3D Guide ☐ Chromoscope  
☐ Vita Classical ☐ Bioform  
☐ Other \_\_\_\_\_

Smile Guide # \_\_\_\_\_

photo@gkydentalarts.com



### 14. If Occlusal Space is Needed

- |   |  |
|---|--|
| <input type="checkbox"/> a. Adjust Opposing Tooth*          | <input type="checkbox"/> d. Make Metal/Zi Island   |
| <input type="checkbox"/> b. Adjust Abutment and Mark        | <input type="checkbox"/> e. Make Metal/Zi Occlusal |
| <input type="checkbox"/> c. Adjust Abutment and Make Coping |  |

### 15. Occlusal Stain

- ☐ a. None\* ☐ b. Light ☐ c. Heavy

### 16. Implant Information

#### Name of Implant Manufacturer

- |   |   |
|---|---|
| <input type="checkbox"/> a. Nobel Biocare | <input type="checkbox"/> e. Zimmer      |
| <input type="checkbox"/> b. Straumann     | <input type="checkbox"/> f. Keystone    |
| <input type="checkbox"/> c. Astra Tech    | <input type="checkbox"/> g. Other _____ |
| <input type="checkbox"/> d. Biomet 3i     |   |

#### Implant Diameter/Platform

Tooth # \_\_\_\_\_, \_\_\_\_mm  
Tooth # \_\_\_\_\_, \_\_\_\_mm  
Tooth # \_\_\_\_\_, \_\_\_\_mm

Name of Surgeon: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### 17. Instructions for Temporaries

- a. ☐ Splinted or ☐ Single Units  
b. Pontic Tooth Number \_\_\_\_\_

#### For Lab Use

Model \_\_\_\_\_  
Trim \_\_\_\_\_  
Wax \_\_\_\_\_  
Metal \_\_\_\_\_  
Opag \_\_\_\_\_  
Porc \_\_\_\_\_  
Pol \_\_\_\_\_  
Q.C. \_\_\_\_\_  
Abut \_\_\_\_\_  
Weight \_\_\_\_\_  
Crown \_\_\_\_\_  
Weight \_\_\_\_\_

### Additional Services: Crown & Bridge/Cosmetic/Removable

**Please Send More** ☐ Shipping Labels ☐ Boxes  
☐ Cosmetic Rx ☐ Removable Rx  
☐ Crown & Bridge Rx ☐ Implanning Rx

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